2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000058664** Apr 06, 2000 8:00 am Secretary of State 1. Entity Name MR. T STABLES, INC. 04-06-2000 90029 019 ***150.00 Principal Place of Business Mailing Address 817 N.E. 26TH AVENUE 817 N.E. 26TH AVENUE HALLANDALE FL 33009 HALLANDALE FL 33009-2902 3. Mailing Address 2. Principal Place of Business 333 Golden Beach Drive 333 Golden <u>Beach Drive</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0852847 Not Applicable Golden Beach, FL Golden Beach, Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33160 USA 33160 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Esther Shalom</u> SHALOM. ESTHER Street Address (P.O. Box Number is Not Acceptable) 817 N.E. 26TH AVENUE 333 Golden Beach Dri<u>ve</u> HALLANDALE FL 33009 Zip Code 33160 Golden Beach, 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SECRETARY - TREASURER SHALOM ESTHER gistered agent and title if applicable FILE: NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition Change TITLE ☐ Defete TITLE SHALOM, ANTHONY NAME NAME STREET ADDRESS 333 Golden Beach Drive STREET ADDRESS 817 N.E. 26TH AVENUE CITY-ST-ZIP CITY-ST-ZIP Golden Beach, FL 33160 HALLANDALE FL 33009 ☐ Addition Change ☐ Delete TITLE TITLE SHALOM, ESTHER NAME NAME STREET ADDRESS STREET ADDRESS 817 N.E. 26TH AVENUE 333 Golden Beach Drive CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Golden Beach, FL 33160 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

STREET ADDRESS

ESTHER SHALOM 4/3/2000 305-477-6230

☐ Delete

☐ Change

Addition